

## 482-000-7 Lock-In Procedure Guide

### Overview

Lock-in is a method used by the Department to limit the medical services of a customer who has been determined to be abusing or over utilizing services provided by Nebraska Medicaid without infringing on the client's choice of provider.

As a "lock-in" client completes enrollment into Physical Health Managed Care, s/he is subject to enrollment activities pursuant to 482 NAC.

The enrollment into managed care may change the client's previous lock-in provider categories of pharmacy, primary physician and hospital.

### Lock-in Procedures

The Enrollment Broker (EB) and health plan will be notified of a client's previous lock-in status via the Managed Care File. The EB will complete Form MC-66, Recipient Choice of Provider Agreement (see Attachment A), at the time of enrollment and plan transfer. Care Management staff (or other designee) from the health plan will complete MC-66 for clients identified as lock-in status following enrollment. The following information should be specified on Form MC-66:

Lock-In Category:	1/2/3/4/9	Name/Address of the Pharmacy, if the client was previously locked-in to a pharmacist. The client may change the choice of pharmacy or retain the previous pharmacy.
	2/3/4/9	Name of the Primary Care Physician (PCP), i.e., Primary Practitioner
	3	N/A - The NHC client automatically becomes "locked-in" to one of the plan's affiliate-hospital.

The EB/health plan will retain a copy of Form MC-66 and distribute a copy to the Department of Health and Human Services (DHHS) Pharmaceutical Consultant and the client.

Form MC-66 will be completed each time the client transfers PCP and/or disenrolls in on health plan and enrolls in another.

The EB is responsible for completing the lock-in for clients at the time of the initial enrollment. The health plan is responsible for completing the lock-in procedure for clients following enrollment. The DHHS Pharmaceutical Consultant will send a request to the health plan identifying the client who requires a lock-in and the status of lock-in and will request the health plan to complete the lock-in procedures. The health plan will inform the client that s/he has ten days to complete the lock-in procedures, or be eligible for "emergency services" only, per 471 NAC.

The EB will document the client choice of lock-in PCP in the Managed Care system at the time of enrollment. The health plan will report the transfer of lock-in PCP to the Department via the PCP transfer file. The assignment of lock-in PCP will be reflected in the Managed Care system the first of the next month given system cut-off.

Attachment A - Form MC-66, Recipient Choice of Provider Agreement



**Department of Health and Human Services  
 RECIPIENT CHOICE OF LOCK-IN PROVIDER AGREEMENT**

(1) Recipient name		REQUIRED CATEGORY		(6)
(2) Recipient ID Number		(7) CODE	CATEGORY	
(3) Address		1	One Pharmacy	
(4) City or Town		2	One Pharmacy and One Primary Physician	
State	Zip Code	3	One Pharmacy, One Primary Physician and One Hospital	
(5) Local Office		4	One Pharmacy and One Prescribing Physician	
		9	All Medical Services	

I, \_\_\_\_\_ Recipient ID Number \_\_\_\_\_  
 (8) (9)

do hereby select the following as my choice of medical provider(s):  
 (Select **only** those indicated)

(10)	(11)
<input type="checkbox"/> Pharmacy	Name _____ Address _____
<input type="checkbox"/> Primary Physician	Name _____ Address _____
<input type="checkbox"/> Hospital	Name _____ Address _____
<input type="checkbox"/> Prescribing Physician	Name _____ Address _____

I understand that, as of this date, any medical services provided by providers other than the above will be my own personal financial responsibility.

Signed \_\_\_\_\_  
 (12)

Witnessed \_\_\_\_\_  
 (13)

Date \_\_\_\_\_  
 (14)

- Original Selection (15)
- Change of Provider(s) Effective Date: \_\_\_\_\_

Reason for change: \_\_\_\_\_  
 (16)



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Instructions on Reverse Side

- Item 1-5,8,9 Information may be entered by the Recipient, Department personnel, Nebraska Health Connection personnel or a health care provider
- Item 6,7 Required category will be determined by the State Utilization Review Committee, but will be completed by Department personnel.
- Item 7
- | Code | Category   |
|------|--|
| 1    | One Pharmacy   |
|      | You must select one pharmacy. The Department will approve payment for prescriptions only to the pharmacy you select.   |
| 2    | One Pharmacy and One Primary Physician   |
|      | You must select one pharmacy and one primary physician. The Department will approve payment to the pharmacy and primary physician you select.  |
| 3    | One Pharmacy, One Primary Physician, and One Hospital  |
|      | You must select one pharmacy, one primary physician and one hospital. The Department will approve payment only to the pharmacy, primary physician, and hospital you select.  |
| 4    | One Pharmacy and One Prescribing Physician   |
|      | You must select one pharmacy and one prescribing physician. The Department will approve payment for prescriptions only to the pharmacy you select. You may visit other physicians, but all prescriptions must be authorized by the prescribing physician you select. |
| 9    | All Medical Services   |
|      | You must select one provider for each type of service you expect to receive. All types of medical services are included and the Department will approve payment only to the providers you select.  |
- Item 10 The State Utilization Review Committee will determine the type of provider(s) to be selected, but will be completed by Department personnel.
- Item 11 Name and Address of Provider(s) selected by the Recipient may be entered by the Recipient, Department personnel, Nebraska Health Connection personnel or a health care provider
- Item 12 Recipient **must** sign the agreement.
- Item 13 The person that witnesses the recipient's signature **must** sign. The witness **must** verify the Recipients identity.
- Item 14 Date of signing may be completed by either the Recipient or the Witness
- Item 15,16 May be completed by the Recipient, Department personnel, Nebraska Health Connection personnel or health care provider.
- Item 16 Changes will be effective the first day of the following month, unless a different date is requested, the reason is documented and the date is approved by the Utilization Review Committee.

WHITE – Central Office; YELLOW – Local Office or Nebraska Health Connection; PINK – Recipient.